| | PATENT | | ₹ q | ON FEE D | RD | · | 09 | /3 | 64,3 | 17 | | | |
|---|--|-----------------|---------------------------------|-------------------|-----------------|--|-------------------|-------|--------------------|---|-----------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | | ENTITY | OR | OTHER THAN SMALL ENTITY | |
| FOR | | | NUMBER FILED | | | NUMBER EXTRA | | | RATE | FEE | 1 | RATE | FEE |
| BASIC FEE | | | | | retern Silvi | | | | | 380.00 | OR | | 760.00 |
| TOTAL CLAIMS | | | 14 | minus | 20= | * | 7 | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | 3 | minus | 3 = | • | | | • | | OR | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | - | | OR | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | I | TOTAL | - | OR | TOTAL | • | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | 1 | OTHER | THAN |
| (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL | ENTITY | OR | SMALL | | |
| AMENDMENT. | | REM Af | AIMS AINING TER IOMENT | | PF | HIGHEST NUMBER NEVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NON | Total | + / | 9_ | Minus | ** | 20 | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | ATATIC | 3 NOEM | Minus | DENIO | | = | | • | | OR | X .= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | | OR | | |
| | | | | | | | | L | TOTAL | _ | | TOTAL | |
| H | } | (Coli | umn 1) | | (C | olumn 2) | (Column 3) | A | DDIT. FEE | . ————————————————————————————————————— | | addit. Fee | |
| AMENOMENT | | CL REM AF | AIMS AINING TER IDMENT | | PR | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| ON | Total | · l | 7 | Minus | ** | 20 | = | | X\$ 9= | | OR | X\$18= | |
| AMI | Independent FIRST PRESE | NTATIC | N OF M | Minus ULTIPLE DEI | PEND | | | | | | OR | X. = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | · | OR | | · |
| _ | ~ | | | | | () | | AI | TOTAL DDIT. FEE | E | OR | TOTAL ADDIT. FEE | |
| | | | ımn 1) | | | olumn 2) | (Column 3) | | | | | | |
| AMENDMENT | | REM. | AIMS AINING TER OMENT | | PR | IIGHEST IUMBER EVIOUSLY AID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | . | | Minus | 44 | | 9 | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | | Minus | *** | | c | | X = | | OB | X = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | OR | | |
| • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | OR | | |
| t | the "Highest Nur the "Highest Nur | nber Pre | viously Pa | id For in This | S SPA | CE is less tha | n 20, enter *20.* | ΑD | TOTAL DIT. FEE | | OR , | TOTAL DDIT. FEE | |
| 1 | The "Highest Num | ber Prev | lously Pai | d For (Total or | Indep | endent) is the | highest number | found | I in the ap | propriate box | (In coli | umn 1. | |

Application or Docket Number